



## HIGH-CONFLICT PSYCHOTHERAPY/SERVICES AGREEMENT

Welcome to Ascend Family Institute, LLC. Most families seeking psychotherapy are, or have been, in the midst of a stressful transition. We understand that it takes courage to begin the process of creating a new normal for you and/or your family and that different family members may have different thoughts and feelings about beginning services. We hope this document will help answer some of your questions so that you feel more confident taking the step toward healing for you and/or your family. Because we understand documents of this nature can be difficult to understand at times, we would be happy to meet with you in person to discuss any remaining concerns that could help you make the decision about whether our services are the right fit for your unique circumstances at this time.

This document is meant to be supplemental to our Agreement for Services and both documents should be signed by families who are signing up for services in the midst of high-conflict and/or at a time where the family is involved in legal processes.

### 1. Fees:

The fees for time spent working on your case average approximately \$175 per hour (subject to adjustment on January 1 of each year). See below for information regarding what each service type will be billed at, to insurance or to your deposit.

If you become involved in legal proceedings that require participation from Ascend Family Institute, LLC, you will be expected to pay for professional time even if the providers are called to testify by another party. Because of the difficulty of legal involvement, Ascend Family Institute, LLC charges \$175.00 per hour for preparation and attendance at any legal proceedings; including travel to and from the court hearing and wait time before or after the court hearing. This also includes report writing for a court proceeding, meetings with attorneys, GAL's, custody evaluators, or any other party involved in a court proceeding.

This table summarizes the cost of sessions.

Services	Fee
90791 Intake (60 min)	\$200
90832 Individual/ Family Session (30 min)	\$85
90834 Individual/ Family Session (45 min)	\$110
90837 Individual/ Family Session	\$160

(60 min)	
90846, 90847 Family Session (45-50 min)	\$140
90785 Interactive Complexity (added on to codes above in appropriate circumstances)	\$10
90839 Crisis Psychotherapy (60 min)	\$225
90840 Crisis Psychotherapy (30 min add on to 90839 above)	\$115
Court Fees	\$250
Administrative Time	\$175/hour

## 2. Deposit:

An initial deposit of \$\_\_\_\_\_ (deposit agreed up at the beginning of the process) is required to begin the process. We can take cash, check, Visa, MasterCard, or Discover. This amount may be shared by the parents, or not, in accordance with their financial agreements or Orders. Payment should be made to Ascend Family Institute, LLC. Please note there is a \$20 fee for all returned checks.

Funds in this deposit will be held in reserve to secure any fees that are not covered by insurance, if insurance is being billed. These fees include the cost of sessions, plus the following, at \$175.00 per hour:

- a. All phone calls related to this case.
- b. Reading and reviewing files, correspondence and other documents.
- c. Drafting memos, correspondence, and reports.
- d. Consultations between the two providers (if applicable).
- e. Consultations with other professionals.

Please note: Ascend does NOT charge to the deposit services that would be expected to be covered under the normal reimbursement from your insurance company. These services that are not billed include requirements we would complete for any therapy client regardless of their payment method, including but not limited to completing a diagnostic assessment, treatment plan, progress notes, and discharge summary for each file, responding to one-sentence scheduling emails, filling out forms for disability or other services, etc. The services that are billed to the deposit are those for which there is not a billable code and for which insurance does not reimburse.

## 3. Billing and Payments:

Please initial the option below that accurately describes each parent's obligation for payment of the fees. In any scenario, if eligible, both parents may provide insurance information in an

effort to have insurance help cover the costs of the psychotherapy if family members qualify for an approved diagnostic code.

\_\_\_\_\_ The parent named here \_\_\_\_\_ will pay 100% of all costs, including all sessions with either parent and sessions with the children.

\_\_\_\_\_ The parent named here \_\_\_\_\_ will pay for their own individual sessions, plus all fees for sessions with the children and consultations between the providers. The other parent ( \_\_\_\_\_ ) will pay only for his or her own individual sessions.

\_\_\_\_\_ The parents will equally divide the costs of the children's sessions and any consultations between the providers. Each parent will pay for his or her own individual sessions.

**4. Unpaid Fees:** If your account has not been paid for more than 60 days, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

**5. Replenishing the Deposit:** Clients are each responsible for replenishing their share of the deposit when it has been reduced to \$350.00 (two hours remaining) with each provider involved. The new deposit shall be in the same amount as was originally made, unless other arrangements are made.

**6. Release of Reports and Summaries:** Frequently, one or both of the parents, or the court, requests a report or summary of the family's progress in therapy services. Be aware that any such summary will need to include information about all participants in this process. By signing this agreement, you give consent for the other participants in therapy services to receive this information about your participation. Written reports and summaries, if needed, will not be released until all fees have been paid in full, including the cost of preparing the written report or summary. Either parent may request a written summary or report at any time and that parent will be responsible for the cost of preparation.

**7. Suspension of Services:** The providers reserve the right to suspend all services, including provision of any written documentation, until payment of any unpaid balance.

**8. Getting Started:** Parents have the option of requesting introductory sessions with us before contracting for services. These introductory sessions are billed at our regular hourly rates reflected earlier in this document for each provider in attendance, and allow the parents to meet us and to ask any questions they may have about the process.

Once it is agreed upon that we will be working with your family as providers, this agreement must be signed. The parties make an initial deposit of \$\_\_\_\_\_, which will secure our beginning work together. The initial deposit, the signed agreement, and a copy of any court orders requiring therapy must be received prior to scheduling or holding any additional appointments.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT INCLUDES THE HIPAA NOTICE FORM AND THE PATIENT BILL OF RIGHTS. YOUR SIGNATURE ALSO INDICATES YOUR BELIEF THAT YOU UNDERSTAND THE SERVICES BEING PROVIDED AND HAVE NO IMPORTANT QUESTIONS THAT HAVE NOT BEEN SUFFICIENTLY ADDRESSED BY THE PROVIDER(S).

#### ACCEPTANCE AND SIGNATURES

##### PARENT SIGNATURE

I have received and read a copy of the High-Conflict Services Agreement, and I have addressed any questions I have about the process or payment. I agree to proceed with services at Ascend Family Institute, LLC and consent to the participation my children named here:

\_\_\_\_\_

in this process as well.

I agree to pay Ascend Family Institute \$\_\_\_\_\_ of the \$\_\_\_\_\_ initial deposit.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

##### PARENT SIGNATURE

I have received and read a copy of the High-Conflict Services Agreement, and I have addressed any questions I have about the process or payment. I agree to proceed with services at Ascend Family Institute, LLC and consent to the participation my children named here:

\_\_\_\_\_

in this process as well.

I agree to pay Ascend Family Institute \$\_\_\_\_\_ of the \$\_\_\_\_\_ initial deposit.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_